

Governor's Budget for Virginia's
Behavioral Health System
and
Secretary of Health and Human Resources'
Recommendations Based on the
Review of the Tragedy in Bath County

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Mental Health Crisis Response

Governor's Budget Submission

Budget Action	General Fund FY 2015	General Fund FY 2016
Provide for a 2 nd 2-hour Emergency Custody Order extension to the 4 hour ECO period	Negligible	Negligible
Increase max TDO period from 48 to 72 hours	\$1.4M	\$1.7M
Ensure operational supports for new Western State Hospital (WSH) facility	\$0.7M	\$0.7M
Maintain current adult capacity at Eastern State Hospital (ESH)/Replace lost Medicaid revenues from decreased demand for geriatric beds	\$5.0M	\$5.0M
Expand adult capacity at ESH in FY 2015 – Opens vacant 20-bed geriatric unit for non-geriatric use	\$2.2M	\$2.2M
Expand availability of secure intervention team (CIT) assessment centers	\$1.8M	\$3.6M
Expand telepsychiatry	\$1.1M	\$0.6M

MH/SA Treatment & Support Services

Governor's Budget Submission

Budget Action	General Fund FY 2015	General Fund FY 2016
Expand MH outpatient services for older teens and young adults; Hire 34 clinicians	\$3.5M	\$4.0M
Expand Program of Assertive Community Treatment (PACT)	\$1.0M	\$1.9M
Expand peer support recovery programs	\$0.6M	\$1.0M
Substance abuse community recovery program	\$0.3M	\$0.3M

Secretary of Health and Human Resources Review

- Included reviews of pertinent medical records and interviews with clinicians, hospital personnel, and law enforcement personnel involved in the events of November 18, 2013.
- Conducted by DBHDS Licensing and Program staff.
- To comply with state confidentiality laws and to respect the privacy of the family, the full report of the review has not released.
- 15 recommendations to improve Virginia's mental health system in categories including the civil commitment process, facility of temporary detention, and creation of adequate service capacity.

HHR Secretary Recommendations Civil Commitment Process

Amend Virginia *Code* to clarify responsibility for notifying CSBs:

1. When an emergency custody order (ECO) has been issued by the magistrate
2. When the ECO has been executed by law enforcement
3. Of the location to which the individual has been taken for the preadmission screening assessment

Clarify through education of CSBs and willing hospitals that preadmission screening can be carried out electronically and provide funding to assure all CSBs have adequate and appropriate equipment to perform electronic screenings.

HHR Secretary Recommendations Civil Commitment Process

Amend Virginia *Code* to provide an option for further extending the ECO period beyond 6 hours when the CSB clinician has determined the individual meets criteria for a temporary detention order (TDO) and additional time is needed to locate an available bed at a willing facility.

Consider removing the requirement that the facility of temporary detention be specified on the TDO.

Conduct a study to assess the need statewide for secure assessment sites and establish these sites in communities across the state as indicated by the study.

HHR Secretary Recommendations Facility of Temporary Detention

Complete the implementation of the electronic psychiatric bed registry that is currently under development. Develop guidelines with the involvement of the CSBs and private hospitals to help assure that the database is maintained to reflect real time accuracy of available beds.

Explore other technological capacities such as video conferencing and electronic exchanges of information that may improve the processes of finding and documenting resource availability in crises.

Complete and implement revised guidelines for medical screening for use by private and state psychiatric hospitals and emergency departments.

HHR Secretary Recommendations Facility of Temporary Detention

Clarify and assure more consistent and widespread awareness of the procedures for when the state hospital in the region should be contacted to secure a bed for the TDO and what prerequisites the CSB must meet before contacting the state hospital.

Clarify when it is appropriate for a state hospital to be utilized for temporary detention and process for requesting and accessing such a bed.

Clarify the role and expectations of crisis stabilization programs related to accepting individuals under temporary detention.

HHR Secretary Recommendations

Creation of Adequate Service Capacity

Expand the availability and capacity of services within the full crisis services response continuum in order to provide more effective alternatives to hospitalization in crises and to provide access to inpatient services when this is the most appropriate response.

Conduct a study to determine the needs in each Virginia region for services to enable assessment and early identification of emotional and psychiatric concerns for children and adults, the provision of ongoing treatment and supports for children, adults and their families that will help maintain stability and functionality in their communities and thereby reduce the frequency and intensity of psychiatric crises.

HHR Secretary Recommendations Creation of Adequate Service Capacity and Other Recommendations

Assure continued and increased efforts to provide assistance to enable persons who no longer require inpatient services to be discharged from hospitals, thereby freeing up hospital resources for additional persons needing inpatient level of services.

Other Recommendation

Explore all avenues to increase and improve cooperation and mutual support through the partnerships between CSBs, state hospitals, private hospitals, law enforcement and judicial officials.